



General Insurance Council of Saskatchewan

Crop Hail Adjusting Firm Application and Transfer of Recommendation

If you have any questions about this application, contact the General Insurance Council of Saskatchewan (Council) or visit our web site.

Council's regular business hours are Monday to Friday, 8:00 a.m. to 4:30 p.m.

Please note:

This application applies to you if the applicant is applying for a crop hail adjusting firm licence and will have crop hail adjuster representatives adjusting on behalf of the adjusting firm.

Application Fee

The application fee for obtaining a licence is \$75 and transfer of recommendation is \$25 (please note the licensing fee is subject to change). Please refer to the last page of this application form to locate the payment options available.

If you are using a corporation, partnership, or name other than your personal name, (on business cards, letterhead or any advertising) that corporation, partnership or business name must be licensed with Council.

Submitting Applications

All licence applications must be reviewed and signed by the recommending licensed insurer prior to forwarding to Council for consideration at:

Licensing Department
Insurance Councils of Saskatchewan
310, 2631 - 28th Avenue
Regina SK S4S 6X3

Tel: 306.347.0862
Fax: 306.347.0525

Corporate Registry
Information Services Corporation (ISC)
1301, 1st Avenue
Regina SK S4R 8H2

Tel: 866.275.4721
E-Mail: corporateregistry@isc.ca

www.skCouncil.sk.ca



General Insurance Council of Saskatchewan

Crop Hail Adjusting Firm

- Application - \$75
- Transfer of Recommendation - \$25

For office use only	Received Date
Licence Number	
Date Issued	
Date Processed	

Part A: Identification Information

Provide the legal name in which the adjusting firm will carry on business and in which the licence is to be issued.

List all business trade names that will be used.

Is the adjusting firm: (Please check the boxes that apply to the applicant)

- a corporation
- a partnership
- registered under *The Business Names Registration Act*

A copy of the Saskatchewan Certificate of Registration must accompany this application if the applicant for licence is a corporation, partnership or is registered under *The Business Names Registration Act*.

Give full particulars below of the individual owners, principal shareholders, officers or directors.

FULL NAME/POSITION HELD WITH FIRM	RESIDENT CITY	DATE OF BIRTH



Head Office Location Address		
Number, Street, Suite # and/or Box #		
City/Town	Province/State	Postal/Zip Code
()	-	ext ()
Business Telephone	Business Fax	
Business E-mail		
Address mail will be sent to (complete only if different than location address)		
Number, Street, Suite # and/or Box #		
City/Town	Province/State	Postal/Zip Code
Give full particulars below of the individual who will, pursuant to section 5-43 of <i>The Insurance Act</i> (Act) and section 5-17 of <i>The Insurance Regulations</i> (regulations), be the Designated Representative.		
Name of Designated Representative		
Business Address	Province/State	Postal/Zip Code
		() -
Business E-mail	Telephone	



Part B: Background

The following are questions relevant to the Act regarding trustworthiness and suitability to be licensed.

Please read these questions carefully to ensure all responses are accurate. Inaccurate answers may be considered a material misstatement.

For any questions where disclosure is required, please provide complete details on a separate sheet of paper and attach to the application form.

<p>1. Has the adjusting firm or any principal shareholder, officer or director, or designated representative of the adjusting firm ever held an insurance or adjusting licence in Saskatchewan, or anywhere in Canada or in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p><i>If yes, please provide information about licence year, licence class and jurisdiction.</i></p>	<p>5. Has the adjusting firm or any principal shareholder, officer or director, or designated representative of the adjusting firm ever been the subject of receivership and/or bankruptcy proceedings including consumer proposals?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p><i>If yes, please provide an explanation of the circumstances and a complete copy of the documents involved.</i></p>
<p>2. Has the adjusting firm or any principal shareholder, officer or director, or designated representative of the adjusting firm ever had any licence or registration as an insurance agent, adjuster or for selling any other financial products, suspended or revoked for cause, in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p>	<p>6. Has the adjusting firm or any principal shareholder, officer or director, or designated representative of the adjusting firm ever been the subject of any complaint, investigation, sanction or disciplinary action, including but not limited to a letter of warning, caution, fine, etc., by any financial services regulator, federal regulator (e.g., FINTRAC, CRA, CRTC, Privacy Commissioner, etc.) insurer or any financial services company with which you hold/held a contract, in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p>
<p>3. Has the adjusting firm or any principal shareholder, officer or director, or designated representative of the adjusting firm ever been refused an insurance or adjusting licence, or other licence or registration for selling financial products or adjusting claims in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p>	<p>7. Has the adjusting firm or any principal shareholder, officer or director, or designated representative of the adjusting firm ever been investigated, charged or convicted of any criminal or quasi-criminal offence, in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p>
<p>4. Does the adjusting firm or any principal shareholder, officer or director, or designated representative of the adjusting firm currently or plan to engage in any business or occupation other than the insurance or adjusting business?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p>Please provide the name of the business, occupation details, supervisory responsibilities and date of employment.</p> <p><i>This would include any business that requires a licence or registration or is corporately registered.</i></p>	<p>8. Has the adjusting firm or any principal shareholder, officer or director, or designated representative of the adjusting firm ever been the subject of any type of legal action, including but not limited to class action lawsuits or civil actions respecting the business of insurance including adjusting, or any other financial service in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p>



Part C: Individuals Representing the Crop Hail Adjusting Firm

List the individuals that will be representing and adjusting crop hail insurance on behalf of the adjusting firm in Saskatchewan.

Note: All individuals who fall within the definition of an adjuster as defined by Act must be licensed. A Designated Representative Application must accompany this form. **Attach a separate sheet of paper, if necessary.**

Last Name	First Name, Middle Name	City/Province

Part D: Non-Resident Applicants

1. Saskatchewan address for service as required by subsection 10-1(3) of the regulations.

SK

Street Address (Box #'s will not be accepted)	City/Town	Province	Postal Code
2. a) A non-resident applicant whose home jurisdiction has a web based licensee search is not required to provide a Certificate of Authority/Non-Resident Endorsement. Council will verify the licence status online.			
b) A non-resident applicant whose home jurisdiction does not have a web based license search, is required to provide a Certificate of Authority/Non-Resident Endoresment with this application.			



Part E: Consent to the Collection, Use and Disclosure of Information

By applying for a crop hail adjusting firm licence, I, the applicant, understand personal information about any principal shareholder, officer or director, or designated representative will need to be collected from me and from other sources such as the recommender of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector. I, therefore, consent to the collection and use of this personal information for the purpose of determining suitability for licensing.

I, the applicant, further understand and consent to the disclosure of personal information to the recommender of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector, for the purpose of determining suitability for licensing.

X _____	X _____
Signature of Designated Representative OR Authorized Official of Designated Representative	Date Signed

Print name of Designated Representative OR Authorized Official of Designated Representative	

Part F: Declaration

The making of a false statement on this application constitutes a material misstatement and may result in the refusal of this application and the subsequent suspension or cancellation of any licence issued. This application is required to be signed by the Designated Representative or Authorized Official of the Designated Representative named herein.

I, _____, solemnly declare that all statements and answers in the foregoing application including attachments are true and correct, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

X _____	X _____
Signature of Designated Representative OR Authorized Official of Designated Representative	Date Signed



Part G: Recommender Declaration

To be completed by the licensed insurer that is recommending the crop hail adjusting firm.

Applicants Name _____

Please Print

is hereby recommended to act as a crop hail adjusting firm of the undersigned recommender.

The recommender certifies that the qualifications and business record of the applicant have been investigated and that the applicant is suitable to receive a licence.

To the best of our knowledge, information and belief, all statements and answers contained in the foregoing application are true and correct, and that the Designated Representative or Authorized Official of the Designated Representative has completed this application.

IT IS UNDERSTOOD THAT IF THE APPLICANT NAMED HEREIN IS TERMINATED BY US, WRITTEN NOTICE, INCLUDING THE REASONS FOR TERMINATION, WILL BE GIVEN TO THE GENERAL INSURANCE COUNCIL OF SASKATCHEWAN, IMMEDIATELY.

Print Legal Name of Recommender _____

Authorized Officer/Delegate _____

Print Name

Signature _____

Date Signed _____

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Telephone

Fax

E-mail Address _____

THE ABOVE APPLICANT WILL NOT ACT AS A CROP HAIL ADJUSTING FIRM UNTIL THE LICENCE IS ISSUED

NOTE: A Designated Representative Application must accompany this application form. The same insurer must recommend the adjusting firm and designated representative of the adjusting firm.



Attachments to the application form

Part A – If you have answered yes, provide a copy of the Saskatchewan Certificate of Registration for the corporation, partnership, business name or trade name

Part B, C – copies of necessary documentation

Payment of licence fee

Payment information (Please choose a payment option below)

<input type="checkbox"/> Cheque or money order enclosed for full amount	Make cheque or money order payable to the: Insurance Councils of Saskatchewan. An NSF charge of \$25 will apply for returned cheques.
<input type="checkbox"/> Charge credit card for the full amount	- - - _____
<input type="checkbox"/> VISA	Card Number _____
<input type="checkbox"/> MasterCard	/ _____
American Express is accepted for Online applications and Online renewals only	Expiry Date (MM/YY) CVS _____
	Signature _____
	_____ Print name of applicant

Licensing Department
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 310, 2631 – 28th Avenue
 Regina SK S4S 6X3

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 Fax: 306.347.0525
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The Insurance Act

“adjuster” means, subject to subsection (4), a person who, for compensation, through any medium does one or more of the following:

- (a) directly or indirectly solicits the right to negotiate or investigate the settlement of a loss or claim under a contract of insurance on behalf of an insured or insurer;
- (b) negotiates or investigates the settlement of a loss or claim under a contract of insurance on behalf of an insured or insurer;
- (c) holds himself or herself out as an adjuster with respect to the settlement of any loss or claim mentioned in clause (a) or (b);
- (d) assists a person with making a claim under an insurance policy or a contract of insurance.